## WARREN COUNTY ASSIGNED COUNSEL PANEL ATTORNEY APPLICATION

NAME:			
HOME ADDRESS:			
BUSINESS ADDRESS:			
E-MAIL ADDRESS:			
PHONE NUMBERS: (O)	(F)_	(C)	(H)
LAW SCHOOL ATTENDED:			
GRADUATION DATE:	ADMISSION DATE:		
DISTRICT:	DEPARTMENT:		
WARREN COUNTY BAR ASSOC. N	MEMBI	ERSHIP DATE:	
I WOULD BE WILLING TO ACCEP	T ASS	GNMENTS IN:	
CRIMINAL DEFENSE $\square$		FAMILY	COURT □
SS#	or	Fed. Tax ID #	
PLEASE FURNISH A COPY OF YO FIELDS OR ATTACH A COPY OF Y			-

SIGNATURE:\_\_\_\_\_\_DATE:\_\_\_\_\_